

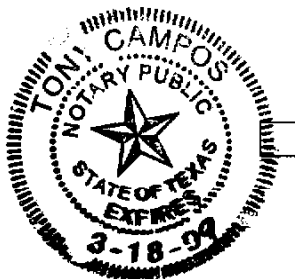
CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # <div style="font-size: 1.5em; font-family: cursive;">1980</div>	2 Total pages filed: <div style="font-size: 1.5em; font-family: cursive;">3</div>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; text-align: center; line-height: 150px;"> <div style="position: relative; height: 100%;"> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 10%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 20%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 30%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 40%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 50%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 60%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 70%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 80%; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 90%; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="position: absolute; top: 30%; left: 10%; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="position: absolute; top: 35%; left: 10%; font-size: 0.8em;"> Date Hand-delivered: Date Postmarked: Receipt # Amount Legal CITY SECRETARY Title Date Processed Date Indexed </div> </div>
3 CANDIDATE / OFFICEHOLDER NAME <div style="font-size: 1.2em; font-family: cursive;">MS Carol Alvarado</div>	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: cursive;">MS Carol Alvarado</div>	
4 ORIGINAL REPORT TYPE <div style="font-size: 0.8em;"> <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report </div>		
5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <div style="font-size: 1.2em; font-family: cursive;">01 / 01 / 2003 THROUGH 06 / 30 / 2003</div>		

6 EXPLANATION OF CORRECTION

- We mistakenly failed to include the actual payee of an expenditure made by James Rodriguez. This expenditure was originally reported as part of a reimbursement to Rodriguez for 158.08 in the 2003 8th day report. - This increase total expenditures by \$17.00.

7 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Carol Alvarado

 Signature of Candidate or Officeholder

 Sworn to and subscribed before me by Carol Alvarado this the 27 day of February

 20 06 to certify which, witness my hand and seal of office.

Tony Campas

 Signature of officer administering oath

Tony Campas

 Printed name of officer administering oath

Notary

 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**

Alvarado, Carol (Ms.)

16 ACCOUNT # (Ethics Commission file)

1980

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC**☐ additional pages**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS****18 CONTRIBUTION
TOTALS****1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$

**EXPENDITURE
TOTALS****3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$

4. TOTAL POLITICAL EXPENDITURES

\$15,347.71

**CONTRIBUTION
BALANCE****5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD**

\$

**OUTSTANDING
LOAN TOTALS****6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Alvarado, Carol LMS.)		3 ACCOUNT # (Ethics Commission filers) 1920
4 Date 6/3/03	5 Payee name Standard Parking 6 Payee address; City; State; Zip Code 900 North Michigan Avenue, Suite 1606 Chicago, IL 60611	7 Amount (\$) 7.00
8 Purpose of payment (See instructions regarding type of information required.) Parking Fee paid by James Rodriguez and will be reimbursed.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED